

CLAIMS ONLY						Application Number 10765003	Filing Date			
						Applicant(s)				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
3							53			
4							54			
5							55			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	<i>2</i>		<i>2</i>				Total Indep			
Total Depend	<i>10</i>	<i>10</i>					Total Depend			
Total Claims	<i>12</i>	<i>12</i>					Total Claims			